PTO/SB/22 (09-06)
Approved for use through 03/31/2007. OMB 0651-0031
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work Reduction Act of 1995, no persons are required to	respond to a collection	of information unless if displa	ays a valid OMB	control number.					
PETITION FOR EXTENSION OF TIME UNDER 37	Docket Number (Optional)								
FY 2006	070702007400								
(Fees pursuant to the Consolidated Appropriations Act, 20									
Application Number 10/750,301		Filed Dec	Filed December 30, 2003						
For METHODS & DEVICES FOR USING RAMAN-ACTIVE PROBE CONSTRUCTS TO ASSAY BIOLOGICAL SAMPLES									
Art Unit 1641		Examiner	M. Yu						
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.									
The requested extension and fee are as follows (check	time period desi	red and enter the app	ropriate fee	below):					
	<u>Fee</u>	Small Entity Fee							
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$						
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$						
x Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	1020					
Four months (37 CFR 1.17(a)(4)) \$1590		\$795	\$						
Five months (37 CFR 1.17(a)(5)) \$2160		\$1080	\$1080 \$						
Applicant claims small entity status. See 37 CFR 1.27.									
A check in the amount of the fee is enclosed.									
Payment by credit card. Form PTO-2038 is atta	iched.								
The Director has already been authorized to cha		application to a Depos	sit Account.						
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number  03-1952    have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission.									
I am the applicant/inventor.									
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
x attorney or agent of record. Req									
attorney or agent under 37 CFR	1.34.								
Registration number if acting und	er 37 CFR 1.34		•						
1/1 0~~	March 6, 2007								
Signature		Date							
Rai \$ Davé		(703) 760-7755							
Typed or vinted name		Telephone Number							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
Total of forms are submit	ted.								

03/07/2007 SZEWDIE1 00000058 031952 10750301 01 FC:1253 1020.00 DA

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

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On the perwor	k Reduction Act of 1	1995, no person are req	uired to re	espond to a collection				control number
Effective on 12/08/2004.  Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  EEE TDANICMITTAI		4040)	Complete if Known Application Number 10/750,301					
		*****			December 30, 2003			
FEE TRANSMITTAL		}			ling SU			
For FY 2006					M. Yu			
Applicant claims small entity status. See 37 CFR 1.27			ı	Art Unit 1641				
TOTAL AMOUNT O		(\$) 450.00		Attorney Docket No. 070702007400			0	
METUOD OF BAY	MENT (shook							
Check C	redit Card	Money Order	Non	e Other (	please identi	fv):		
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·	,	sit account, the Dir	•					
	fee(s) indicated		50101 13		=	icated below, e		he filina fee
		ee(s) or underpaym	ent of	-	, ,			
fee(s)	under 37 CFR 1			X Credit	any overpa	yments		
FEE CALCULATION								
1. BASIC FILING, SE		KAMINATION FEE! LING FEES		ARCH FEES	EXAMIN	ATION FEES	•	
	FII	Small Entity	SLA	Small Entity	LANIM	Small Entity		
Application Type	Fee (\$		Fee (\$)		Fee (\$)	Fee (\$)	Fees	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional .	200	100	0	0	0	0		C!! 5-4:4:
2. EXCESS CLAIM F	EES						Fee (\$)	Small Entity Fee (\$)
Fee Description Each claim over 20 (	including Reiss	ues)					50	25
Each independent cla	_	•					200	100
Multiple dependent o	laims						360	180
Total Claims	Extra Claims	Fee (\$)	Fee P	aid (\$)	Mu	Itiple Depend	ent Claims	
-=.					<u>Fee</u>	e (\$)	Fee Paid (	<u>\$)</u>
HP = highest number of			Eoo E	oid (\$)				_
Indep. Claims	Extra Claims	<u>Fee (\$)</u>	ree r	'aid (\$)				
HP = highest number of			3.					
3. APPLICATION SIZ								
If the specification	and drawings ex	ceed 100 sheets of the application size	paper (	excluding electr	onically file	ed sequence or	computer	:0
sheets or fraction	thereof. See 3	5 U.S.C. 41(a)(1)(	G) and	37 CFR 1.16(s).	or sman ch	inty) ioi each a	iddidollar 5	
Total Sheets	Extra Sheet			dditional 50 or frag	ction thereof	Fee (\$)	Fee	Paid (\$)
- 10	00 =	/50		(round up to a who	ole number)	x	=	
4. OTHER FEE(S)						•	<u>Fees</u>	Paid (\$)
	•	) fee (no small enti	•	•				
Other (e.g., late fi	ling surcharge):	1253 Extension	for res	ponse within th	nird month		10	)20.00
SUBMITTED BY		•				1		
Signature	IIm			Registration No. (Attorney/Agent)	42,465	Telephone	(703) 760-7755	
Name (Print/Type) Raj	s. paÎ /					Date March 6, 2007		
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